

Rec'd PCTO 15 JUL 2005

For receiving Office use only

## REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference  
(if desired) (12 characters maximum) 005092.00062

## Box No. I TITLE OF INVENTION

DEVICES AND METHODS FOR FOCUSING ANALYTES IN AN ELECTRIC FIELD GRADIENT II

## Box No. II APPLICANT

☐ This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

PROTASIS CORPORATION  
734 Forest St.  
Marlborough, Ma 01752  
United States of America

Telephone No.  
(508) 481-4190Facsimile No.  
(508) 650-3671

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality:

United States of America

State (that is, country) of residence:

United States of America

This person is applicant  
for the purposes of:☐ all designated  
States☒ all designated States except  
the United States of America☐ the United States  
of America only☐ the States indicated in  
the Supplemental Box

## Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

STRAND, David  
16 Nason Hill Lane  
Sherborn, Ma 01770  
United States of America

This person is:

☐ applicant only☒ applicant and inventor☐ inventor only (If this check-box is  
marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

United States of America

State (that is, country) of residence:

United States of America

This person is applicant  
for the purposes of:☐ all designated  
States☐ all designated States except  
the United States of America☒ the United States  
of America only☐ the States indicated in  
the Supplemental Box☐ Further applicants and/or (further) inventors are indicated on a continuation sheet.

## Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

☒ agent☐ common  
representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

MCDERMOTT, Peter D.  
Banner & Witcoff, LTD.  
28th floor  
28 State St.  
Boston, Ma 02109  
United States of America

Telephone No.  
(617) 720-9600Facsimile No.  
(617) 720-9601

Teleprinter No.

Agent's registration No. with the Office  
29,411

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

|  |   |
|--|---|
| <b>Continuation of Box No. III      FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)</b>  |   |
| <i>If none of the following sub-boxes is used, this sheet should not be included in the request.</i>   |   |
| <p>Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i></p> <p>LEATZOW, Dan M.<br/>545 Southeast South Street<br/>Pullman, WA 99163<br/>United States of America</p> | <p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i></p> <p>Applicant's registration No. with the Office</p> |
| State <i>(that is, country)</i> of nationality:<br>United States of America  | State <i>(that is, country)</i> of residence:<br>United States of America   |
| <p>This person is applicant for the purposes of:    <input type="checkbox"/> all designated States    <input type="checkbox"/> all designated States except the United States of America    <input checked="" type="checkbox"/> the United States of America only    <input type="checkbox"/> the States indicated in the Supplemental Box</p>   |   |
| <p>Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i></p>  | <p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i></p> <p>Applicant's registration No. with the Office</p>            |
| State <i>(that is, country)</i> of nationality:  | State <i>(that is, country)</i> of residence:   |
| <p>This person is applicant for the purposes of:    <input type="checkbox"/> all designated States    <input type="checkbox"/> all designated States except the United States of America    <input type="checkbox"/> the United States of America only    <input type="checkbox"/> the States indicated in the Supplemental Box</p>  |   |
| <p>Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i></p>  | <p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i></p> <p>Applicant's registration No. with the Office</p>            |
| State <i>(that is, country)</i> of nationality:  | State <i>(that is, country)</i> of residence:   |
| <p>This person is applicant for the purposes of:    <input type="checkbox"/> all designated States    <input type="checkbox"/> all designated States except the United States of America    <input type="checkbox"/> the United States of America only    <input type="checkbox"/> the States indicated in the Supplemental Box</p>  |   |
| <p>Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i></p>  | <p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i></p> <p>Applicant's registration No. with the Office</p>            |
| State <i>(that is, country)</i> of nationality:  | State <i>(that is, country)</i> of residence:   |
| <p>This person is applicant for the purposes of:    <input type="checkbox"/> all designated States    <input type="checkbox"/> all designated States except the United States of America    <input type="checkbox"/> the United States of America only    <input type="checkbox"/> the States indicated in the Supplemental Box</p>  |   |
| <p><input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.</p>   |   |

## Box No. V      DESIGNATIONS

The filing of this request constitutes under Rule 4.9(a), the designation of all Contracting States bound by the PCT on the international filing date, for the grant of every kind of protection available and, where applicable, for the grant of both regional and national patents.

However,

- ☐ DE Germany is **not designated** for any kind of national protection
- ☐ KR Republic of Korea is **not designated** for any kind of national protection
- ☐ RU Russian Federation is **not designated** for any kind of national protection

*(The check-boxes above may be used to exclude (irrevocably) the designations concerned in order to avoid the ceasing of the effect, under the national law, of an earlier national application from which priority is claimed. See the Notes to Box No. V as to the consequences of such national law provisions in these and certain other States.)*

**Box No. VI      PRIORITY CLAIM**

The priority of the following earlier application(s) is hereby claimed:

| Filing date<br>of earlier application<br>(day/month/year) | Number<br>of earlier application | Where earlier application is:                        |   |  |
|---|----------------------------------|--|---|--|
|   |                                  | national application:<br>country or Member<br>of WTO | regional application:*<br>regional Office | international application:<br>receiving Office |
| item (1)<br>15/01/2003                                    | 60/440,150                       | US   |   |  |
| item (2)<br>19/05/2003                                    | 60/471,597                       | US   |   |  |
| item (3)  |                                  |  |   |  |

- ☐
- Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) *(only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office)* identified above as:

- ☒ all items    ☐ item (1)    ☐ item (2)    ☐ item (3)    ☐ other, see Supplemental Box

\* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(iii)).

## Box No. VII INTERNATIONAL SEARCHING AUTHORITY

**Choice of International Searching Authority (ISA)** (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA / US

**Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):**

Date (day/month/year)

Number

Country (or regional Office)

## Box No. VIII DECLARATIONS

The following **declarations** are contained in Boxes Nos. VIII (i) to (v) (*mark the applicable check-boxes below and indicate in the right column the number of each type of declaration*):

Number of  
declarations

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Box No. VIII (i)   | Declaration as to the identity of the inventor   | : |
| <input type="checkbox"/> Box No. VIII (ii)  | Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent             | : |
| <input type="checkbox"/> Box No. VIII (iii) | Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application | : |
| <input type="checkbox"/> Box No. VIII (iv)  | Declaration of inventorship (only for the purposes of the designation of the United States of America)                               | : |
| <input type="checkbox"/> Box No. VIII (v)   | Declaration as to non-prejudicial disclosures or exceptions to lack of novelty   | : |

| Box No. IX CHECK LIST; LANGUAGE OF FILING  |  |   |  |    |        |    |          |   |          |    |                                   |            |                  |  |                        |  |   |  |                               |            |   |  |   |   |  |  |  |  |  |  |  |   |  |   |  |  |  |   |  |   |  |  |  |   |  |  |  |  |  |   |  |   |  |   |  |
|--|--|---|--|----|--------|----|----------|---|----------|----|-----------------------------------|------------|------------------|--|------------------------|--|---|--|-------------------------------|------------|---|--|---|---|--|--|--|--|--|--|--|---|--|---|--|--|--|---|--|---|--|--|--|---|--|--|--|--|--|---|--|---|--|---|--|
| <p>This international application contains:</p> <p>(a) in paper form, the following number of sheets:</p> <table style="width: 100%; border: none;"> <tr> <td style="padding: 2px;">request (including declaration sheets)</td> <td style="text-align: right; padding: 2px;">4</td> </tr> <tr> <td style="padding: 2px;">description (excluding sequence listing and/or tables related thereto)</td> <td style="text-align: right; padding: 2px;">66</td> </tr> <tr> <td style="padding: 2px;">claims</td> <td style="text-align: right; padding: 2px;">11</td> </tr> <tr> <td style="padding: 2px;">abstract</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">drawings</td> <td style="text-align: right; padding: 2px;">42</td> </tr> <tr> <td style="padding: 2px;"><b>Sub-total number of sheets</b></td> <td style="text-align: right; padding: 2px;"><b>124</b></td> </tr> <tr> <td style="padding: 2px;">sequence listing</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">tables related thereto</td> <td style="padding: 2px;"></td> </tr> <tr> <td colspan="2" style="padding: 2px;"><i>(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)</i></td> </tr> <tr> <td style="padding: 2px;"><b>Total number of sheets</b></td> <td style="text-align: right; padding: 2px;"><b>124</b></td> </tr> <p>(b) <input type="checkbox"/> only in computer readable form (Section 801(a)(i))</p> <p style="padding-left: 20px;">(i) <input type="checkbox"/> sequence listing</p> <p style="padding-left: 20px;">(ii) <input type="checkbox"/> tables related thereto</p> <p>(c) <input type="checkbox"/> also in computer readable form (Section 801(a)(ii))</p> <p style="padding-left: 20px;">(i) <input type="checkbox"/> sequence listing</p> <p style="padding-left: 20px;">(ii) <input type="checkbox"/> tables related thereto</p> <p><b>Type and number of carriers</b> (diskette, CD-ROM, CD-R or other) on which are contained the</p> <p style="padding-left: 20px;"><input type="checkbox"/> sequence listing: .....</p> <p style="padding-left: 20px;"><input type="checkbox"/> tables related thereto: .....</p> <p><i>(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)</i></p> </table> | request (including declaration sheets)                       | 4 | description (excluding sequence listing and/or tables related thereto) | 66 | claims | 11 | abstract | 1 | drawings | 42 | <b>Sub-total number of sheets</b> | <b>124</b> | sequence listing |  | tables related thereto |  | <i>(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)</i> |  | <b>Total number of sheets</b> | <b>124</b> | <p>This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):</p> <table style="width: 100%; border: none;"> <tr> <td style="padding: 2px;">1. <input checked="" type="checkbox"/> fee calculation sheet</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">2. <input type="checkbox"/> original separate power of attorney</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">3. <input type="checkbox"/> original general power of attorney</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: .....</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">5. <input type="checkbox"/> statement explaining lack of signature</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">6. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): .....</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">7. <input type="checkbox"/> translation of international application into (language): .....</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">9. <input type="checkbox"/> sequence listing in computer readable form (indicate type and number of carriers)</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">    (i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">    (ii) <input type="checkbox"/> (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">    (iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing mentioned in left column</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">10. <input type="checkbox"/> tables in computer readable form related to sequence listing (indicate type and number of carriers)</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">    (i) <input type="checkbox"/> copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application)</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">    (ii) <input type="checkbox"/> (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater)</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">    (iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">11. <input checked="" type="checkbox"/> other (specify): EXPRESS MAIL .....</td> <td style="padding: 2px;"></td> </tr> </table> | 1. <input checked="" type="checkbox"/> fee calculation sheet | 1 | 2. <input type="checkbox"/> original separate power of attorney |  | 3. <input type="checkbox"/> original general power of attorney |  | 4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: ..... |  | 5. <input type="checkbox"/> statement explaining lack of signature |  | 6. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): ..... |  | 7. <input type="checkbox"/> translation of international application into (language): ..... |  | 8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material |  | 9. <input type="checkbox"/> sequence listing in computer readable form (indicate type and number of carriers) |  | (i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application) |  | (ii) <input type="checkbox"/> (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter |  | (iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing mentioned in left column |  | 10. <input type="checkbox"/> tables in computer readable form related to sequence listing (indicate type and number of carriers) |  | (i) <input type="checkbox"/> copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application) |  | (ii) <input type="checkbox"/> (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater) |  | (iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column |  | 11. <input checked="" type="checkbox"/> other (specify): EXPRESS MAIL ..... |  |
| request (including declaration sheets)   | 4  |   |  |    |        |    |          |   |          |    |                                   |            |                  |  |                        |  |   |  |                               |            |   |  |   |   |  |  |  |  |  |  |  |   |  |   |  |  |  |   |  |   |  |  |  |   |  |  |  |  |  |   |  |   |  |   |  |
| description (excluding sequence listing and/or tables related thereto)   | 66   |   |  |    |        |    |          |   |          |    |                                   |            |                  |  |                        |  |   |  |                               |            |   |  |   |   |  |  |  |  |  |  |  |   |  |   |  |  |  |   |  |   |  |  |  |   |  |  |  |  |  |   |  |   |  |   |  |
| claims   | 11   |   |  |    |        |    |          |   |          |    |                                   |            |                  |  |                        |  |   |  |                               |            |   |  |   |   |  |  |  |  |  |  |  |   |  |   |  |  |  |   |  |   |  |  |  |   |  |  |  |  |  |   |  |   |  |   |  |
| abstract   | 1  |   |  |    |        |    |          |   |          |    |                                   |            |                  |  |                        |  |   |  |                               |            |   |  |   |   |  |  |  |  |  |  |  |   |  |   |  |  |  |   |  |   |  |  |  |   |  |  |  |  |  |   |  |   |  |   |  |
| drawings   | 42   |   |  |    |        |    |          |   |          |    |                                   |            |                  |  |                        |  |   |  |                               |            |   |  |   |   |  |  |  |  |  |  |  |   |  |   |  |  |  |   |  |   |  |  |  |   |  |  |  |  |  |   |  |   |  |   |  |
| <b>Sub-total number of sheets</b>  | <b>124</b>   |   |  |    |        |    |          |   |          |    |                                   |            |                  |  |                        |  |   |  |                               |            |   |  |   |   |  |  |  |  |  |  |  |   |  |   |  |  |  |   |  |   |  |  |  |   |  |  |  |  |  |   |  |   |  |   |  |
| sequence listing   |  |   |  |    |        |    |          |   |          |    |                                   |            |                  |  |                        |  |   |  |                               |            |   |  |   |   |  |  |  |  |  |  |  |   |  |   |  |  |  |   |  |   |  |  |  |   |  |  |  |  |  |   |  |   |  |   |  |
| tables related thereto   |  |   |  |    |        |    |          |   |          |    |                                   |            |                  |  |                        |  |   |  |                               |            |   |  |   |   |  |  |  |  |  |  |  |   |  |   |  |  |  |   |  |   |  |  |  |   |  |  |  |  |  |   |  |   |  |   |  |
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| <b>Total number of sheets</b>  | <b>124</b>   |   |  |    |        |    |          |   |          |    |                                   |            |                  |  |                        |  |   |  |                               |            |   |  |   |   |  |  |  |  |  |  |  |   |  |   |  |  |  |   |  |   |  |  |  |   |  |  |  |  |  |   |  |   |  |   |  |
| 1. <input checked="" type="checkbox"/> fee calculation sheet   | 1  |   |  |    |        |    |          |   |          |    |                                   |            |                  |  |                        |  |   |  |                               |            |   |  |   |   |  |  |  |  |  |  |  |   |  |   |  |  |  |   |  |   |  |  |  |   |  |  |  |  |  |   |  |   |  |   |  |
| 2. <input type="checkbox"/> original separate power of attorney  |  |   |  |    |        |    |          |   |          |    |                                   |            |                  |  |                        |  |   |  |                               |            |   |  |   |   |  |  |  |  |  |  |  |   |  |   |  |  |  |   |  |   |  |  |  |   |  |  |  |  |  |   |  |   |  |   |  |
| 3. <input type="checkbox"/> original general power of attorney   |  |   |  |    |        |    |          |   |          |    |                                   |            |                  |  |                        |  |   |  |                               |            |   |  |   |   |  |  |  |  |  |  |  |   |  |   |  |  |  |   |  |   |  |  |  |   |  |  |  |  |  |   |  |   |  |   |  |
| 4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: .....   |  |   |  |    |        |    |          |   |          |    |                                   |            |                  |  |                        |  |   |  |                               |            |   |  |   |   |  |  |  |  |  |  |  |   |  |   |  |  |  |   |  |   |  |  |  |   |  |  |  |  |  |   |  |   |  |   |  |
| 5. <input type="checkbox"/> statement explaining lack of signature   |  |   |  |    |        |    |          |   |          |    |                                   |            |                  |  |                        |  |   |  |                               |            |   |  |   |   |  |  |  |  |  |  |  |   |  |   |  |  |  |   |  |   |  |  |  |   |  |  |  |  |  |   |  |   |  |   |  |
| 6. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): .....  |  |   |  |    |        |    |          |   |          |    |                                   |            |                  |  |                        |  |   |  |                               |            |   |  |   |   |  |  |  |  |  |  |  |   |  |   |  |  |  |   |  |   |  |  |  |   |  |  |  |  |  |   |  |   |  |   |  |
| 7. <input type="checkbox"/> translation of international application into (language): .....  |  |   |  |    |        |    |          |   |          |    |                                   |            |                  |  |                        |  |   |  |                               |            |   |  |   |   |  |  |  |  |  |  |  |   |  |   |  |  |  |   |  |   |  |  |  |   |  |  |  |  |  |   |  |   |  |   |  |
| 8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material   |  |   |  |    |        |    |          |   |          |    |                                   |            |                  |  |                        |  |   |  |                               |            |   |  |   |   |  |  |  |  |  |  |  |   |  |   |  |  |  |   |  |   |  |  |  |   |  |  |  |  |  |   |  |   |  |   |  |
| 9. <input type="checkbox"/> sequence listing in computer readable form (indicate type and number of carriers)  |  |   |  |    |        |    |          |   |          |    |                                   |            |                  |  |                        |  |   |  |                               |            |   |  |   |   |  |  |  |  |  |  |  |   |  |   |  |  |  |   |  |   |  |  |  |   |  |  |  |  |  |   |  |   |  |   |  |
| (i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)  |  |   |  |    |        |    |          |   |          |    |                                   |            |                  |  |                        |  |   |  |                               |            |   |  |   |   |  |  |  |  |  |  |  |   |  |   |  |  |  |   |  |   |  |  |  |   |  |  |  |  |  |   |  |   |  |   |  |
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| 10. <input type="checkbox"/> tables in computer readable form related to sequence listing (indicate type and number of carriers)   |  |   |  |    |        |    |          |   |          |    |                                   |            |                  |  |                        |  |   |  |                               |            |   |  |   |   |  |  |  |  |  |  |  |   |  |   |  |  |  |   |  |   |  |  |  |   |  |  |  |  |  |   |  |   |  |   |  |
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| (iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column  |  |   |  |    |        |    |          |   |          |    |                                   |            |                  |  |                        |  |   |  |                               |            |   |  |   |   |  |  |  |  |  |  |  |   |  |   |  |  |  |   |  |   |  |  |  |   |  |  |  |  |  |   |  |   |  |   |  |
| 11. <input checked="" type="checkbox"/> other (specify): EXPRESS MAIL .....  |  |   |  |    |        |    |          |   |          |    |                                   |            |                  |  |                        |  |   |  |                               |            |   |  |   |   |  |  |  |  |  |  |  |   |  |   |  |  |  |   |  |   |  |  |  |   |  |  |  |  |  |   |  |   |  |   |  |
| Figure of the drawings which should accompany the abstract: 7B   | Language of filing of the international application: English |   |  |    |        |    |          |   |          |    |                                   |            |                  |  |                        |  |   |  |                               |            |   |  |   |   |  |  |  |  |  |  |  |   |  |   |  |  |  |   |  |   |  |  |  |   |  |  |  |  |  |   |  |   |  |   |  |
| <b>Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE</b><br><i>Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).</i>   |  |   |  |    |        |    |          |   |          |    |                                   |            |                  |  |                        |  |   |  |                               |            |   |  |   |   |  |  |  |  |  |  |  |   |  |   |  |  |  |   |  |   |  |  |  |   |  |  |  |  |  |   |  |   |  |   |  |
| <div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; align-items: center;"> <div> <p>PROTASIS CORPORATION</p> <p>NAME: David M. Strand</p> <p>TITLE: President</p> </div> </div> </div>   |  |   |  |    |        |    |          |   |          |    |                                   |            |                  |  |                        |  |   |  |                               |            |   |  |   |   |  |  |  |  |  |  |  |   |  |   |  |  |  |   |  |   |  |  |  |   |  |  |  |  |  |   |  |   |  |   |  |

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